

AMENDED DECLARATIONS EFFECTIVE 2/13/2015 SUPERSEDE ANY PREVIOUS DECLARATIONS BEARING THE POLICY NO 0810122.

POLICY NUMBER  
0810122-21

POLICY PERIOD  
From 2/13/2015 To 2/13/2016  
12:01 AM Standard time at the residence premises.

NAMED INSURED & MAILING ADDRESS  
YVONNE V SKAPARS  
122 OAKMONT ROAD  
YARMOUTHPORT, MA 02675

PRODUCER  
JOHN F MARTIN INS AGCY., INC.  
1023 RT 28 - BOX 350  
SO YARMOUTH, MA 02664

THE RESIDENCE PREMISES COVERED BY THIS POLICY IS LOCATED AT:  
122 OAKMONT ROAD, CUMMAQUID, MA 02637

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions.  
Coverage is provided where a Premium or Limit of Liability is shown for the Coverage.

**SECTION I COVERAGES:**

	LIMIT OF LIABILITY	PREMIUM
A Dwelling	\$473,000	\$2,553
B Other Structures	\$47,300	
C Personal Property	\$236,500	
D Loss of Use	\$141,900	

**SECTION II COVERAGES:**

E Personal Liability - each occurrence	\$500,000	\$24
F Medical Payments to Others - each person	\$5,000	\$11
	<b>TOTAL BASE PREMIUM</b>	<b>\$2,588</b>

**DEDUCTIBLE - SECTION I: \$1,000 EXCEPT WINDSTORM AND HAIL \$9,460 (2% of Coverage A Limit)**

**FORM & ENDORSEMENTS made part of this policy at the time of issue.**

HO 00 03	10/00	SPECIAL FORM	
HO 01 20	9/01	SPECIAL PROVISIONS - MASSACHUSETTS	
HO 03 12	10/00	WINDSTORM OR HAIL % DEDUCTIBLE	-\$432
HO 04 16	10/00	PREMISES ALARM OR FIRE PROTECTION SYSTEM	-\$59
		Credit: 2%	
HO 04 27	4/02	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE	
		Section I \$10,000	
		Section II \$50,000	
HO 04 90	10/00	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT	\$383
HO 04 96	10/00	NO SECTION II-LIABILITY FOR HOME DAY CARE COVERAGES	
HO 05 08	11/02	SPECIFIED ADDITIONAL AMOUNT OF INSURANCE FOR COVERAGE A ONLY	\$73
		Additional Amount Of Insurance 25%	
HO 16 10	1/09	WATER EXCLUSION ENDORSEMENT	
HO FP	12/01	SPECIAL ENDORSEMENT	

**TOTAL PREMIUM ADJUSTMENT** -\$35

**TOTAL ANNUAL PREMIUM** \$2,553

**TOTAL PREMIUM TO BE CHARGED OR CREDITED FOR THIS AMENDMENT** \$0

Reason(s) for Amended Declarations: MORTGAGEE INFORMATION IS AMENDED.

MORTGAGEE

CHAMPION MORTGAGE ✓

ISAOA/ATIMA

PO BOX 39457

SOLON, OH 44139-0457

RATING INFORMATION: 1 FAMILY

Frame

TERRITORY 37 PROTECTION 04

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12:01 AM Standard time at the residence premises.

This policy shall not be valid  
unless countersigned by us:

Boston,  
Massachusetts

2/27/2015

Countersigned:

*James H. Pappas*

UMAHODEC

Homeowners - MA

INSURED COPY